

15750 U.S. PTO
031204

Practitioner's Docket No. 1012-121C2

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Mail Stop Patent Application
Commissioner for Patents
P.O. Box 1450
Alexandria VA 22313-1450

22387 U.S. PTO
10/799070
031204

NEW APPLICATION TRANSMITTAL

Transmitted herewith for filing is the patent application of

Inventor(s): Damian Hajduk, et al.

For (title): HIGH THROUGHPUT VISCOMETER AND METHOD OF USING SAME

1. Type of Application

This application is for a continuation.

2. Benefit of Prior U.S. Application (35 U.S.C. §§ 119(e), 120, or 121)

The new application being transmitted claims the benefit of prior U.S. application.

3. Papers Enclosed

A. Required for filing date under 37 C.F.R. § 1.53(b) (Regular) or 37 C.F.R. § 1.153 (Design)
Application

15 Page(s) of Specification

2 Page(s) of Claims

EXPRESS MAILING UNDER 37 C.F.R. § 1.10*

(Express Mail label number is *mandatory*.)

(Express Mail certification is *optional*.)

I hereby certify that this paper, along with any document referred to, is being deposited with the United States Postal Service on this date March 12, 2004 in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 as "Express Mail Post Office to Addressee" Mailing Label No. EL 994649335 US

Roni L. Masquelier

Type or print name of person mailing paper

Date: 03.12.04

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9 Sheet(s) of Drawing(s)--Formal

B. Other Papers Enclosed

3 Page(s) of declaration and power of attorney

1 Page(s) of abstract

3 Page(s) of Application Data Sheet

3 Page(s) of Assignment

4. Declaration or Oath

Enclosed

Executed by:

* inventor.

5. Inventorship Statement

The inventorship for all the claims in this application is the same.

6. Language

English

7. Assignment

An assignment of the invention to Symyx Technologies, Inc. is attached.

8. Fee Calculation (37 C.F.R. § 1.16)

Regular Application

CLAIMS AS FILED										
		Number Filed		Number Extra		Rate		Basic Fee 37 C.F.R. § 1.16(a) \$770.00		
Total Claims (37 C.F.R. § 1.16(c))		16	–	20	=	0	x \$	18.00	= \$	0.00
Independent Claims (37 C.F.R. § 1.16(b))		4	–	3	=	1	x \$	86.00	= \$	86.00
Multiple Dependent Claim(s), if any (37 C.F.R. § 1.16(d))									\$	0.00

Filing Fee Calculation

\$856.00

9. Fee Payment Being Made at This Time

Enclosed

Filing Fee \$856.00

Total Fees Enclosed \$856.00

10. Method of Payment of Fees

Authorization is hereby made to charge the amount of \$856.00 to Deposit Account No. 50-0496.

Charge any additional fees required by this paper or credit any overpayment in the manner authorized above.

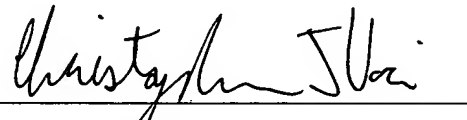
A duplicate of this paper is attached.

11. Instructions as to Overpayment

Refund.

Date:

3/18/04



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